



## **SHARE-OF-COST**

## What Is a Share-of-Cost?

Most people who receive In-Home Supportive Services (IHSS) are receiving them as a part of their Medi-Cal benefits. Some of these people must pay a certain amount each month toward their Medi-Cal expenses. A Share-of-Cost (SOC) is the amount of money that an IHSS recipient/employer must pay to either his/her IHSS provider/employee every month or to a pharmacy or doctor's office. A SOC may also be used to purchase other Medi-Cal approved expenses. The SOC allows a person with a higher income to receive IHSS if he/she pays part of the cost. A SOC is similar to a private insurance plan's deductible.

## How Does Share-of-Cost Affect Me as an IHSS Provider?

Through Medi-Cal, your recipient will be assessed to determine whether they have a SOC and if so, what the amount of the SOC will be. If a SOC is deducted from your paycheck, both you and your recipient/employer will receive an "Explanation of Benefits Letter" telling you the amount that should be paid to you by your recipient/employer. You may receive some of your wages from your recipient/employer and some of your wages from the State, or you may receive all of your wages from the State. The amount you receive from your recipient/employer and/or the State may change each pay period, depending on whether your recipient/employer pays their SOC for other medical expenses before your timesheet is processed each pay period. If your recipient/employer has more than one IHSS provider, they will not be able to choose which provider their SOC is paid to. Any SOC that they have not paid will be subtracted from the IHSS provider's timesheet that is processed first by the county.





| Example:   |       |
|--|-------|
| Mrs. Smith has a SOC of <b>\$200</b> for the month of June.                | \$200 |
| She sees her doctor on the 5th and pays a \$50 SOC at the doctor's office. | -\$50 |
| She fills a prescription on the 6th and pays a \$60 SOC at the pharmacy.   | -\$60 |
| The total amount Mrs. Smith has paid for SOC is \$50 + \$60 =              | \$110 |
| Her provider submits her timesheet on the 16th.                            |       |
| Mrs. Smith will need to pay her IHSS provider/employee \$90 for SOC.       | \$90  |

| Example:  |            |
|---|------------|
| Mr. Lee has a SOC of <b>\$100</b> for the month of June.                        | \$100      |
| He sees his doctor on the 5th and pays a \$75 SOC at the doctor's office.       | -\$75      |
| He fills a prescription on the 6th and pays a \$25 SOC at the pharmacy.         | -\$25      |
| The total amount Mr. Lee has paid for SOC is \$75 + \$25 =                      | \$100      |
| His provider submits her timesheet on the 16th.                                 |            |
| Mr. Lee has met his SOC. The State will pay his provider all of her IHSS wages. | <b>\$0</b> |

## Who Do I Contact For More Information?

- ✓ The Department of Health Care Services at <a href="http://www.dhcs.ca.gov/Pages/default.aspx">http://www.dhcs.ca.gov/Pages/default.aspx</a>.
- ✓ California Medi-Cal Telephone Service Center at (916) 636-1200.
- ✓ Medi-Cal Automated Phone Center at **(800) 786-4346**.